
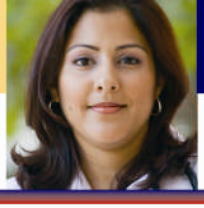

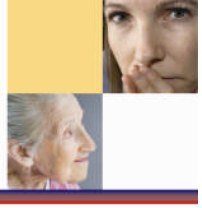

Women Need Health Reform

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Today, too many women depend on a health care system that is failing them. They have trouble affording necessary care, face unfair insurance industry practices, or struggle to find insurance that covers the benefits they need. Health reform must ensure that all women have access to the comprehensive, high-quality, and affordable health care they need.

In the absence of health reform, more and more women and families will lose their health insurance, with an estimated 6.9 million Americans losing coverage between 2008 and 2010.[1] Family premiums will continue to skyrocket, reaching a projected $24,291 on average for American families by 2016.[2] Even more distressing is the estimation that, without health reform, 279,400 adults (ages 25-64) in the U.S. will die in the next decade due to a lack of health coverage.[3] Women simply cannot wait any longer.

Congress is closer than ever before to passing comprehensive health reform that will end harmful insurance industry practices, help make health coverage more affordable, and expand access to many of the health services women need. The health reform bill has flaws, including onerous restrictions on abortion coverage which must be fixed; still, it represents vitally important advances for women's health. Congress must pass health reform now.

Why Do Women Need Health Reform?

Women Face Unfair and Discriminatory Insurance Industry Practices

- In 40 states and the District of Columbia (D.C.), insurers are currently allowed to consider gender when setting premium rates in the individual health insurance market, where people buy coverage directly from insurance companies. Twelve states have banned this practice in the individual market, though the two most recent state laws (in California and New Mexico) have not yet taken effect.[4] As a result of "gender rating," women are often charged more than men for the exact same coverage.
- Gender rating also occurs in the group health insurance market, where many businesses obtain coverage for their employees. Though federal law prohibits employers from charging individual male and female employees different rates for coverage, insurance companies are allowed to consider the proportion of women a business employs when determining the group's overall premium. As a result, businesses with predominately female workforces—such as child care centers, home health agencies, or non-profits—can end up paying significantly more for coverage.[5]
    - Fourteen states have laws that prohibit gender rating for group health plans, though the most recent state law (in New Mexico) has not yet taken effect. However, nearly all of those protections are limited to "small" businesses (up to 50 employees); Montana is the only state that bans gender rating across all insurance markets and for groups of all sizes.[6]
- In 45 states and D.C., insurance companies are allowed to reject a woman's health insurance application for a variety of reasons including her medical history or her current health status.[7] In fact, in eight states and D.C., there is no law prohibiting

insurers from rejecting a woman's health insurance application if she is a victim of domestic violence.[8]

- Insurers can also exclude coverage for certain "pre-existing" conditions" in the individual market. If a woman has previously had a Cesarean section, for instance, insurers may refuse to pay for future C-sections or reject her application altogether.[9] Given that nearly one in three births was by C-section in 2006, hundreds of thousands of women could face coverage exclusions or rejections because of this discriminatory practice.[10]

Women Have More Trouble Affording Necessary Health Care

- Women are generally poorer than men, and nationwide earn just 78 cents for every dollar men earn.[11] Women also use the health care system more, in part due to their reproductive health needs.[12]
- Because they are poorer (on average) and use more care, women spend a greater share of their income on their health needs. Women are more likely than men to struggle with medical bills or debt, and to report cost-related problems with accessing health care.[13] For instance, nearly one in five women nationwide reports not visiting a doctor due to high costs.[14]
- Women without coverage are especially likely to experience cost-related barriers to care. Nearly 18% of all women were uninsured in 2007.[15]
- Even women with health insurance report problems affording health care. Unaffordable cost-sharing requirements and annual or lifetime limits on covered services have a disproportionate impact on women. They are more likely than men to be underinsured, meaning they have coverage that leaves their financial and physical health at risk.[16] In 2007, 45% of women, compared to 39% of men, were underinsured or uninsured for a time in the past year.[17]

Women Struggle to Find Coverage for the Benefits They Need

- Women, on average, visit health providers more often than men and use more preventive care. They are also more likely to suffer from a chronic condition requiring ongoing care.[18] If a health plan does not cover a comprehensive set of health benefits, women may struggle to pay out-of-pocket for necessary health care that is not covered by their plan, or they may delay or skip that care altogether.
- In more than a dozen states across the country, insurance companies are allowed to sell limited benefit ("bare-bones") health plans to individuals or groups. Women are particularly ill-served by bare-bones health plans, which often exclude coverage for state-mandated benefits that are critical to maintaining women's health, including cancer care, prenatal care, mental health care, and preventive screenings.[19]
- It is very difficult—and sometimes impossible—for women to find coverage for maternity care in the individual health insurance market. In a study of the availability of maternity coverage in the individual market, the National Women's Law Center found that the vast majority (87%) of individual health plans available to a 30-year-old woman across the country did not provide maternity coverage.[20]

Health Reform Will Help Women

Health Reform Will End Harmful Insurance Industry Practices

- Health reform will impose strict regulations on insurance carriers, including the

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limination of gender rating for individuals and small businesses with up to 100 employees; a requirement that health insurers accept all applicants for coverage regardless of their medical history; and a prohibition on pre-existing condition exclusions.

Health Reform Will Help Women Obtain More Affordable Health Insurance

- Health reform will extend Medicaid eligibility to people with incomes at or below 133% of the federal poverty level (FPL), providing more low-income women and their families with access to this essential program. Under this expansion, up to 4.5 million uninsured women will be newly eligible for Medicaid coverage.[21]
- Health reform will make coverage more affordable for low and middle-income families by providing health insurance subsidies to those with family incomes between 133 and 400% of the FPL. Approximately 11 million women will be eligible for a health insurance subsidy to help with premiums and out-of-pocket costs.[22]

Health Reform Will Ensure that Women Have Access to Many of the Benefits They Need

- Health reform will require all new health insurance plans sold to individuals and small businesses—both in and outside of the Health Insurance Exchange—to cover a broad range of medical services—including maternity care, prescription drugs, and mental health services. In addition, all new health plans will be required to cover preventive care (including women's health services, such as mammograms) without cost-sharing.

However, Health Reform Includes Onerous Restrictions Which Will Deter Health Care Plans from Offering Abortion Coverage

- Health reform treats abortion care—a key component of reproductive health care for women—differently than all other health care services. Anyone who has a health care plan that covers abortion through an exchange is required to make two separate payments for their health insurance – one for abortion coverage and another for the remainder of the premium. This burdensome system will deter individuals from purchasing coverage that includes abortion and deter health plans from offering it. The restriction does not advance the stated goal of segregating private from public funds and will only serve to limit insurance coverage for women.

Health Reform Includes Many Other Provisions that Will Improve the Health and Well-Being of Women and Their Families

There are many other positive aspects of health reform, including but not limited to:

- Women are more likely than men to work for small businesses that don't offer health insurance,[23] and will benefit from the new tax credits to help small businesses provide coverage to their employees, as well as unprecedented access to affordable small group health coverage through the Health Insurance Exchange.
- Young women—who are more likely to be uninsured than women in any other age group—will benefit from a new rule that allows young adults to remain on their parents' health insurance policy as a dependent until age 26.
- Older women will benefit from a provision that closes the Medicare Part D "donut hole"—which requires seniors to spend a considerable amount out-of-pocket for prescription drugs—and provides discounts on brand-name prescription drugs. In 2007, 64% of the Medicare beneficiaries that were affected by the "donut hole" were women.[24]

- A new national insurance program (known as CLASS) that provides long-term care and supports will alleviate burdens on family caregivers, who are most often women.[25]
- Nursing mothers and their infants will gain from a requirement that employers with over 50 employees provide a reasonable break time and location to express breast milk.
- Women—who use more health care services than men, on average, including primary and preventive care—will benefit from provisions to strengthen the primary care workforce, including incentives to retain existing primary care providers and programs that encourage students to become primary care providers.

Women in the U.S. cannot wait any longer. Congress must pass health reform now!

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[1] Families USA (2009), *The Clock is Ticking: More Americans Losing Health Coverage*, http://www.familiesusa.org/assets/pdfs/health-reform/clock-is-ticking.pdf

[2] Sarah Axeen and Elizabeth Carpenter, New America Foundation (2009), *The Cost of Doing Nothing: Why the Cost of Failing to Fix Our Health System is Greater than the Cost of Reform*, http://www.newamerica.net/publications/policy/cost_doing_nothing

[3] Families USA (2010), *Lives on the Line: The Deadly Consequences of Delaying Health Reform,* http://www.familiesusa.org/assets/pdfs/delaying-reform.pdf

[4] Gender rating in the individual market is prohibited in: Maine, Massachusetts, Minnesota, Montana, New Hampshire, New Jersey, New York, North Dakota, Oregon, and Washington. California and New Mexico both recently passed laws that prohibit gender rating in the individual market, effective January 2011 and 2014, respectively (2009 Cal. Stat. AB 119 (effective January 2011); 2010 New Mexico Stat. SB148 (effective January 2014). In addition, Vermont and New Mexico currently limit gender rating with a "rate band," which sets limits between the lowest and highest premium that a health insurer may charge for the same coverage based on gender. For more information about gender rating in the individual insurance market, see: Brigette Courtot and Julia Kaye, National Women's Law Center, *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition* (Oct. 2009), http://www.nwlc.org/pdf/stillnowheretoturn.pdf

[5] *Ibid*

[6] *Ibid*. Gender rating in the small group market is prohibited in: California, Colorado, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, New Hampshire, New York, Oregon, and Washington. New Mexico recently passed a law that prohibits gender rating in the small group market, effective January 2014 (2010 New Mexico Stat. SB148 (effective January 2014)). Gender rating in the small group market is limited with a "rate band" in: Delaware, New Jersey, and Vermont. In Montana, insurers are prohibited from using gender as a rating factor in any type of insurance policy issued within the state.

[7] Five states—Maine, Massachusetts, New Jersey, New York, and Vermont—protect applicants from rejection based on health history with "guaranteed issue" requirements, which mandate that individual insurance providers accept anyone who applies for coverage, regardless of health status. Families USA (2008), *Failing Grades: State Consumer Protections in the Individual Insurance Market*, http://www.familiesusa.org/assets/pdfs/failing-grades.pdf

[8] There is no law prohibiting insurers from denying coverage to survivors of domestic violence in: the District of Columbia, Idaho, Mississippi, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, and Wyoming. Women's Law Project & Pennsylvania Coalition Against Domestic Violence, *FYI: Insurance Discrimination Against Victims of Domestic Violence, 2002 Supplement 2* (2002), http://www.womenslawproject.org/brochures/InsuranceSup_DV2002.pdf , updated by statutory research conducted by the National Women's Law Center. However, efforts are underway in DC, MS, OK, NC, and ND to pass a low prohibiting this practice. In addition, while South Dakota recently passed a law prohibiting health insurers from inquiring about domestic violence, the law does not prohibit insurers from using information in an individual's medical records to conclude that an individual is likely a domestic violence survivor, and to deny coverage based on that determination.

[9] Denise Grady, *After Caesareans, Some See Higher Insurance Cost*, New York Times (June 1, 2008) http://www.nytimes.com/2008/06/01/health/01insure.html?pagewanted=1&_r=2

[10] Centers for Disease Control, National Center for Health Statistics (2009), *Vital Stats Online Database: Method of Delivery Table (subnational), 2006*, www.cdc.gov/vitalstats.htm

[11] National Women's Law Center (2009), *Falling Short in Every State: The Wage Gap and Harsh Economic Realities for Women Persist*, http://www.nwlc.org/fairpay/statefacts.html

[12] Elizabeth Patchias and Judy Waxman, National Women's Law Center (2007), *Women and Health Coverage: The Affordability Gap*, http://www.nwlc.org/pdf/NWLCCommonwealthHealthInsuranceIssueBrief2007.pdf

[13] Sheila D. Rustgi, Michelle M. Doty, and Sara R. Collins, The Commonwealth Fund (2009), *Women at Risk: Why Many Women are Forgoing Needed Health Care*, http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2009/May/Women-at-Risk.aspx
[14] Kaiser Family Foundation (2009), *Putting Women's Health Disparities on the Map*, http://www.statehealthfacts.org/comparemapreport.jsp?rep=31&cat=15
[15] National Women's Law Center analysis of 2007 data on health coverage from the Current Population Survey's 2008 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html
[16] *Women at Risk,* supra note 13
[17] *Ibid*
[18] Salganicoff et al., The Kaiser Family Foundation, Women and Health Care: A National Profile (KFF, Menlo Park, CA: July 2005); U.S. Census Bureau, Statistical Abstract of the United States: 2009, "Table 159 – Ambulatory Care Visits to Physicians' Offices and Hospital Outpatient and Emergency Departments: 2006"
[19] Families USA (2009), *Limited Benefit Plans: Expanding Coverage or Holding Your State Back?*, http://www.familiesusa.org/assets/pdfs/limited-benefit-plans.pdf
[20] *Still Nowhere to Turn*, supra note 4
[21] National Women's Law Center calculations based on health insurance data for women ages 18-64 from the Current Population Survey's 2008 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html
[22] *Ibid.* Includes an estimated 8.1 million uninsured women and 2.9 million women who currently purchase coverage from the individual health insurance market.
[23] Paul Fronstin & Ruth Helman, Employee Benefit Research Inst., *Issue Brief No. 253, Small Employers and Health Benefits: Findings from the 2002 Small Employer Health Benefits Survey* 11 (Jan. 2003), http://www.nhpf.org/pdfs_bp/BP_SmallBusiness_04-19-05.pdf.
[24] U.S. Department of Health and Human Services (www.healthreform.gov), *Strengthening the Health Insurance System: How Health Insurance Reform Will Help America's Older and Senior Women* (2009), http://healthreform.gov/reports/seniorwomen/index.html
[25] In 2004, 12% of women were unpaid caregivers for a family member who was chronically ill, disabled, or elderly, compared to 8% of men. *Women and Health Care,* supra note 18